

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirements set forth in IC 5-2-15-3.

Date: 04/17/2007

Address: 6371E CA 400N

Case #: 14F36924

W. LOFAYETTE, IN

County: Montgomery

47940

Type of Laboratory Seizure (check one)

- Operational Lab
 Chemical/Glassware/Equipment (only)
 Dumpsite (only)

Seizure Location (check all that apply)

- Residence Hotel/Motel
 Outbuilding Open - No Structure
 Vehicle Other:

Items Found (check all that apply)

- Lithium/Ammonia Reaction(s)
 Red Phosphorous/Iodine Reaction(s)
 Flammable Solvents
 Water Reactive Metal (Lithium)
 Anhydrous Ammonia
 Hydrochloric Acid Gas Generator(s)
 Corrosive Acid
 Corrosive Base
 Other: _____

Child under age 18 discovered (check one)

- Yes _____ (number present)
 No

*If yes, fax report to Child Protective Services

This report is to be faxed to the following agencies that serve the location:

Fire Department: DOWNTOWN FIRE Fax A75626

Health Department: MONTGOMERY COUNTY Fax 765-361-3239

Child Protective Services Department: _____ Fax _____

For further information regarding this methamphetamine laboratory, contact the investigating officer listed below.

Investigating Officer: Matthew S. Vornhels 6820 Phone 765-567-2125
MATTHEW S. VORNHEL 6820

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.